

**DECLARATION/  
POWER OF ATTORNEY  
FOR UTILITY OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number:	RWB-040US1
First Named Inventor:	Jeffrey Hutchinson
<b>COMPLETE IF KNOWN</b>	
Application Number:	To be assigned
Filing Date:	July 21, 2003
Art Unit:	1761
Examiner Name:	Thuy Tran Lien

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR PRODUCING A DOUGHNUT

*(Title of the Invention)*

the specification of which

is attached hereto

**OR**

was filed on (MM/DD/YYYY) \_\_\_\_\_ as United States Application or PCT International Application Number \_\_\_\_\_

and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
GB 0005340.5	Great Britain	03/07/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

I hereby appoint:

Practitioners at Customer Number 31344 or affix Customer Number Bar Code Label here

**OR**

Practitioner(s) named below:



**31344**

PATENT TRADEMARK OFFICE

Name	Registration Number

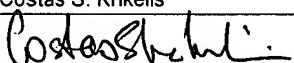
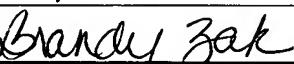
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:	<input checked="" type="checkbox"/> Practitioners Customer Number listed above; <b>OR</b> <input type="checkbox"/> Correspondence Address Below	
Name: Costas S. Krikelis, RatnerPrestia		
Address: P.O. Box 1596		
City: Wilmington	State: Delaware	Zip: 19899
Country: USA	Telephone: (302) 778-2500	Fax: (302) 778-2600
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.		

<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Jeffrey		Hutchinson	
Inventor's Signature		Date:	
Residence: City: London	State:	Country: Great Britain	Citizenship: Great Britain
Mailing Address: 226 St. Johns Way, Upper Holloway			
City: London	State:	Zip: N19 3RL	Country: Great Britain
<input checked="" type="checkbox"/> Additional inventors are listed on the next page.			

**Declaration/Power Of Attorney for Utility or Design Patent Application**  
**(continued)**

<b>Name of Second Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Kevin		Rogers	
Inventor's Signature		Date: _____	
Residence: City: London	State:	Country: Great Britain	Citizenship: Great Britain
Mailing Address: 43 Lowndes Street			
Mailing Address:			
City: London	State:	Zip: SW1X 9HX	Country: Great Britain
<b>Name of Third Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
<b>Name of Fourth Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
<input type="checkbox"/> Additional inventors are listed on		Supplemental Sheet(s).	

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) RWB-040US1																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of Jeffrey Hutchinson &amp; Kevin Rogers</td> </tr> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">Not yet assigned</td> </tr> <tr> <td colspan="2" style="padding: 5px;">For METHOD AND APPARATUS FOR PRODUCING A DOUGHNUT</td> </tr> <tr> <td style="width: 50%;">Group Art Unit 1761</td> <td style="width: 50%;">Examiner Thuy Tran Lien</td> </tr> </table>			In re Application of Jeffrey Hutchinson & Kevin Rogers		Application Number	Not yet assigned	For METHOD AND APPARATUS FOR PRODUCING A DOUGHNUT		Group Art Unit 1761	Examiner Thuy Tran Lien																						
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application. I am the attorney or agent of record.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 80%;">One month (37 CFR 1.17(a)(1))</td> <td style="width: 10%; text-align: right;">\$110</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>55</u>.</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>A check in the amount of the fee is enclosed.</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Payment by credit card. Form PTO-2038 is attached.</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-0350</u>.</td> <td></td> </tr> </table> <p>I have enclosed a duplicate copy of this sheet.</p>			<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$110	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ _____	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ _____	<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>55</u> .		<input type="checkbox"/>	A check in the amount of the fee is enclosed.		<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		<input type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-0350</u> .	
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<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</b>																																
Name (Print/Type)	Costas S. Krikilis	Registration No. (Attorney/Agent)																														
Signature		Date																														
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b>																																
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as express mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.</p>																																
Name (Print/Type)	Brandy Zak	Date																														
Signature		Date																														
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>																																
<p><input type="checkbox"/> *Total of _____ forms are submitted.</p>																																

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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